PART B - FEE(S) TRANSMITTA

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APPLICATION NO.	FILING DATE					(Dale)
09/708,235	11/07/2000		FIRST NAMED DIVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
TITLE OF INVENTION: N	IULTIMEDIA MESS.	aging method ani	Kevio Calloway D SYSTEM		03-10074	1158
APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION PER DUE	PREV. PAID ISSUE	F BIZE TOWAY TOWAY	
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EXAMINE		ART UNIT	CLASS SUBCLASS	1	**************************************	12/28/2010
ALVAREZ, R. 1. Change of correspondence (CFR 1.363).		3688	705-014000	.		
Change of correspond Address form PTO/SB/12 "Pee Address" indicate PTO/SB/12 "Pee Address" indicate PTO/SB/12 Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNEE Alterial	on (or "Fee Address" or more recont) attached RESIDENCE DATA " sn assignee is idenufi 37 CPK 3.11. Comple	adication form Use of a Customer O BE PRINTED ON T below, no assignee along of this form is NO	data will appear on the partie of the parties of th	ged) and the name theys or agents. If n printed. (c) alent. If an assigned assignment.	s of up to to name is 3 is identified below, the documents DUNTRY)	Fices of David L. Hoffman
Please check the appropriate :	rasignes category or ca	legaries (will not be pri	nted on the patent):	Individual 🕷 Con	poration or other prints	and the second
4a. The following fee(s) are submitted: Issue Fee			printed on the patent): Individual Corporation or other private group entity Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue (see shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number.			
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Authorized Signature Typed or printed name	David	L. Hoffa	nan	Date	11-29-10	
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